

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A	12	07/08/01
O.I.P.E. CLASSIFIER		1019	06.27.01
FORMALITY REVIEW	KL		
RESPONSE FORMALITY REVIEW	MD	8090	07/20/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	08/20/01
2	✓	✓	08/20/01
3	✓	✓	08/20/01
4	✓	✓	08/20/01
5	✓	✓	08/20/01
6	✓	✓	08/20/01
7	✓	✓	08/20/01
8	✓	✓	08/20/01
9	✓	✓	08/20/01
10	✓	✓	08/20/01
11	✓	✓	08/20/01
12	✓	✓	08/20/01
13	✓	✓	08/20/01
14	✓	✓	08/20/01
15	✓	✓	08/20/01
16	✓	✓	08/20/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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9/24/01  
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